

Case Number:	CM13-0053724		
Date Assigned:	12/30/2013	Date of Injury:	01/30/2013
Decision Date:	03/12/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 55-year-old with a date of injury of 1/30/13. The patient injured his back due to a mechanism of injury of repetitive lifting. The patient was diagnosed with a lumbar sprain/strain, and was treated conservatively, including 21 sessions of physical therapy (PT). He was seen in follow-up by an orthopedic specialist on 10/17/13. There were continued symptoms, but no report of new symptoms, new injury or progressive impairments. The patient had moderately reduced ROM (range of Motion) and 4/5 muscle strength at the lumbar flexors, extensors, lateral bending and rotators. Prior MRI shows no fracture or spondylolisthesis. There were multilevel degenerative changes with a 5-6 mm bulge at L5-S1. The patient was off work and the orthopedist diagnoses the patient with lumbar radiculopathy, lumbago and lumbar strain. This was submitted to Utilization Review and a report on 11/07/13 did not recommend certification of additional PT, given that 21 have already been done, and there was no clear rationale for extension beyond guideline recommendations. Subsequent follow-up with ortho documents that same symptoms and findings, with no clear rationale for extension beyond guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Twelve sessions of additional physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 517. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: This patient had an initial diagnosis of lumbar sprain/strain, later revised to include lumbar radiculopathy. Guidelines recommend 8-12 sessions of physical therapy in the ACOEM revised 2nd edition guidelines, and 10-12 sessions in ODG. This patient has now completed 21 sessions, which is clearly in excess of guideline recommendations. Though the patient has some residual symptoms and findings on exam, there are no clinical issues that substantiate extension beyond guideline recommendations. The request for twelve sessions of additional physical therapy is not medically necessary or appropriate.